



Teenage Tobacco Enforcement Program

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 Telephone
(502) 564-1442 Fax

ARE YOU 15, 16, OR 17 AND INTERESTED IN BECOMING AN INVESTIGATIVE AIDE?

TEEN TOBACCO ENFORCEMENT PROGRAM

The Teen Tobacco Enforcement Program, under the auspices of the Department of Alcoholic Beverage Control (ABC), is designed to reduce sales of tobacco products to underage persons. Specifically, the Enforcement Division's mission is to determine if a clerk sells to a minor and to ensure that retailers comply with signage requirements under the law.

In ABC's efforts to enforce the law, the Investigative Aide Program has been incorporated into investigations of outlets selling tobacco products. KRS 438.330(1) provides for the use of underage investigative aides to conduct compliance checks on retail establishments throughout the state. Compliance checks are based on random, unannounced inspections of such outlets. Before participating in any ABC enforcement activities, the teen and parents must sign the proper permission forms.

ABC recruits 15, 16 and 17 year old minors from youth groups, school organizations, church groups, etc... to participate in this unique opportunity to work for the benefit of their community. The teens are trained before they are involved with the compliance checks. Training includes a session on the protocol for purchasing tobacco products. Instructions are also made clear to the teen that they are not to mislead the employee of the retailer by misrepresenting his or her age, producing false identification, or by any other method. This includes requirements of no facial hair for males and no makeup for females.

The teens are paid an hourly wage, and ABC adheres to all state child labor laws. To further ensure the safety and anonymity of the aides, agents will try to assign youths to routes across town from their schools and neighborhoods, or even to another nearby county. The minor will always work with one or more ABC Investigators during investigations of an outlet. An ABC Investigator accompanies the teen when he or she enters the premises to attempt to purchase a tobacco product. The sale must be consummated. If a sale occurs, the minor leaves the premises with the ABC Investigator. The Investigator, subsequently, reenters the store to cite the seller. The cigarettes or smokeless tobacco are maintained as evidence on ABC property.

Without the Investigative Aide Program, ABC could not properly ascertain the sale of tobacco products to minors. Furthermore, the federal government, which mandates every state to conduct teen tobacco enforcement, asserts that the use of a minor in investigations is the most valid method to determine tobacco sales to teenagers. As such, the Investigative Aide Program plays a crucial role in ABC's overall teen tobacco enforcement strategy.

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PERSONAL HISTORY FORM

ATTACH PHOTO HERE

NAME _____

ADDRESS _____

COUNTY _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

Hgt. _____ Wgt. _____ Hair _____ Eyes _____

Driver's license number and state issued: _____

Traffic violation history: _____

Occupation: _____

Business / school: _____

Address: _____

Vehicle information (make – model – year): _____

Attach a copy of your birth certificate.

Have you ever been arrested or been given a citation or notice to appear in Court for violating a

Criminal law? ☐ Yes ☐ No

Have you ever used false identification? ☐ Yes ☐ No

I swear the above information is true and correct under the penalty of perjury.

Signature of Applicant for Investigative Aide _____ Date _____

Witnessed by _____ Date _____

FOR DEPARTMENTAL USE ONLY

Results of local record and driver's license check: _____

Date accepted into program: _____ Not accepted: _____

Reason not accepted: _____

Copy of Birth Certificate has been received: ☐ Yes ☐ No

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INVESTIGATIVE AIDE PROGRAM

AGREEMENT OF UNDERSTANDING

I, _____, a minor, agree to assist the Kentucky Department of Alcoholic Beverage Control in all investigations of tobacco sales to underage persons. I understand these investigations may be conducted under state law or as an agent of the federal government. I affirm herein that no member of my immediate family owns any interest in any establishment licensed by the Department. My participation is voluntary, on an "as needed" basis, and is based upon my availability. I enter into this agreement voluntarily, and have not been intimidated, coerced to sign this agreement.

I hereby release the department, its agents and employees, from any liability for any injury I may suffer or sustain by reason of my participation in the program, acting outside the scope of my employment, or arising from my own negligent actions.

I agree to respond truthfully as to my legal age if asked by the retailer or its employee at any time during any of these investigations. I also agree that my attire and overall appearance will be such as to make me appear to be my true age.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges and that the following will be grounds for immediate termination from the program: any violation of law except while under the direction of the Department or its agents or employees; failure to abide by the terms of this agreement; failure to follow the instructions or procedures of this department; engaging in tobacco use; or suffering any school related problems including attendance and grades.

I understand that I shall not engage in any tobacco use while participating as an investigative aide with the Department. I understand that I am not to sample any tobacco product purchased on behalf of the Department and shall promptly turn over any tobacco purchases to the Department for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Department, the Commonwealth of Kentucky, or the FDA.

SIGNATURE OF INVESTIGATIVE AIDE

DATE

WITNESS

DATE

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PARENTAL PERMISSION AFFIDAVIT

I swear or affirm that I am the legal guardian of _____, whose date of birth is _____. I hereby give my consent for the minor to participate as an Investigative Aide with the Kentucky Department of Alcoholic Beverage Control in conduction state and federal tobacco compliance activities. I understand that participation in the Investigative Aide Program is voluntary and is not without some degree of risk. However, I agree to release the Department, it's agents, and insurers from any liability arising from participation in this program resulting from or arising out of the minor's negligent acts.

I understand that all investigations will be conducted at the direction and under the supervision of the Department. Each purchase or attempted purchase of tobacco products will be under the supervision of no less than two adult employees of the Department. I fully understand and agree that the minor may be required to testify at judicial or administrative proceedings on behalf of the Department, the FDA, or the Commonwealth of Kentucky.

I understand that in conducting such investigations, the welfare of the Investigative Aide is the Department's primary concern. The procedures employed by the Department have been fully explained to me and I understand that my consent for the minor's participation may be withdrawn at any time by notifying the Department in writing.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

WITNESS

DATE

Frankfort's Original Copy

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DATE

WITNESS

DATE

Parent or Legal Guardian copy